

**State of Montana**  
**Division of Banking and Financial Institutions**  
**P.O. Box 200546**  
**Helena, MT 59620-0546**  
**Phone (406)841-2920 Fax (406)841-2930**

**LOAN ORIGINATOR**  
**REINSTATEMENT APPLICATION**

I, \_\_\_\_\_, am licensed in the State of Montana as a loan originator.  
My loan originator license number is \_\_\_\_\_. My employer was  
\_\_\_\_\_, license # \_\_\_\_\_, a mortgage broker licensed in the  
State of Montana. I wish to reinstate my license with the same mortgage broker.

\_\_\_\_\_  
Mortgage Broker License #

\_\_\_\_\_  
Mortgage Broker Designated Manager Signature

\_\_\_\_\_  
Mortgage Broker Company Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Loan Originator Signature

\_\_\_\_\_  
Loan Originator Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Please include a reinstatement application fee of \$10 payable to the State of Montana. Your application will not be processed without the fee.

